2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008322

Address:

City-St-Zip:

Entity Name: CORNERSTONE EDUCATIONAL SOLUTIONS INC.

FILED Jun 22, 2006 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:	
4553 SHIRLEY AVENUE JACKSONVILLE, FL 32210		1951 BLANDING BLVD JACKSONVILLE, FL 32210	
Current Mailing Address:		New Mailing Address:	
4301 COPNFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210		4301 CONFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210	
FEI Number: 20-1516779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
HARRIS, DEMETRIS 4301 COPNFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210 US		HARRIS, DEMETRIS 4301 CONFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210 US	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE:			06/22/2006
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete HARRIS, DEMETRIS 4301 CONFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VD () Delete HARRIS, STEPHANIE 4301 CONFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210	Title: Name: Address: City-St-Zip:	VS (X) Change () Addition HARRIS, STEPHANIE 4301 CONFEDERATE POINT ROAD APT 49 JACKSONVILLE, FL 32210
Title: Name: Address: City-St-Zip:	SD () Delete BUCHANAN, LAURA 7667 JANA LANE S. JACKSONVILLE, FL 32210	Title: Name: Address: City-St-Zip:	T (X) Change () Addition BARNEY, RICKIE 1951 BLANDING BLVD JACKSONVILLE, FL 32210
Title: Name: Address: City-St-Zip:	TD () Delete KELLY, JAMES 8044 COLONNADE CT. E. JACKSONVILLE, FL 32244	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOODMAN, SHENAVIAN F 1943 WAGES WAY S JACKSONVILLE, FL 32218
Title: Name:	() Delete	Title: Name:	D () Change (X) Addition BEDEAU, IRENE E

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1943 WAGES WAY S

JACKSONVILLE, FL 32218

SIGNATURE: DEMETRIS HARRIS P 06/22/2006